

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/578,032

FILING DATE

5/2/06

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2				1 -		
3				1 -		
4				1		
5				1		
6				1 -		
7			2			
8				1 -		
9				1 -		
10				1 -		
11				1 -		
12				1 -		
13				1 -		
14				1 -		
15				1 -		
16				1 -		
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24				1 -		
25				1 -		
26				1 -		
27			2			
28				1 -		
29				1 -		
30				1 -		
31				1 -		
32			2			
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35			2			
36				1 -		
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44				1 -		
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48						
49						
50						
TOTAL IND.		↓	1	↓		↓
TOTAL DEP.		←	37	←		←
TOTAL CLAIMS			38			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						